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APPLICANTS

Christopher C. Andrews, Murrieta, CA;
William J. Boyle, Fallbrook, CA;
Sergio Correa, Encinitas, CA;
Andy E. Denison, Temecula, CA;
Benjamin C. Huter, Murrieta, CA;
Scott J. Huter, Temecula, CA;
Brad Jordan, Wildomar, CA;
Paul Muller, San Carlos, CA;
Paul V. Neale, San Diego, CA;
Samir Patel, Fremont, CA;
Richard S. Stack, Chapel Hill, NC;

** CONTINUING DATA *****
*none AMR*** FOREIGN APPLICATIONS *****
none AMR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>AMR</i> Examiner's Signature	Initials			

ADDRESS

24201

TITLE

DELIVERY AND RECOVERY SYSTEMS HAVING STEERABILITY AND RAPID EXCHANGE OPERATING MODES FOR EMBOLIC PROTECTION SYSTEMS

FILING FEE RECEIVED 1118	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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